

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-039842**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **299**

Primary Registration District No. **3057**

Registrar's No. **116**

**FILED OCT 16 1962**

VS 300  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>                               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Richmond</b>   |   | c. CITY OR TOWN <b>Richmond</b>  |   |
| Length of stay in 1b<br><b>72 years</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>123 East Royle</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>123 East Royle</b>   |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Thomas Edward Dolphin</b>   |   | 4. DATE OF DEATH Month Day Year<br><b>October 6 1962</b>   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>7-28-1884</b>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired coal miner</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   |
| 11a. FATHER'S NAME<br><b>Thomas E. Dolphin</b>   |   | 11b. MOTHER'S MAIDEN NAME<br><b>Isabelle Raine</b>   |   |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 13. INFORMANT Address<br><b>Mrs. Blanche Dolphin, Richmond, Mo</b>   |   |
| 14. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial infarction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>short</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from <b>Oct. 1960</b> to <b>death</b> and last saw him alive on <b>10-3-60</b><br>Death occurred at <b>7:30</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE <b>W.D. Crozier, M.D.</b> (Degree or title)   |   | 22b. ADDRESS <b>Richmond, Mo</b>   |   |
| 22c. DATE SIGNED <b>10-8-62</b>  |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Oct. 8, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunny Slope Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Richmond Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Thomas J. Carter, Richmond, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>10-13-1962</b>   |   |
| 26. REGISTRAR'S SIGNATURE <b>Malulguehan</b>   |   |  |   |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Thomas G. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.